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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 4342-0121PUS1		
Application Number 10/588,454-Conf. #5756		Filed December 5, 2006		
For USE OF N-(2-ARYL-PROPYNYL)-SULFONAMIDES FOR THE TREATMENT OF SPINAL CORD INJURY				
Art Unit 1628		Examiner C. R. Stone		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$150	<u>Small Entity Fee</u> \$75	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$560	\$280	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1270	\$635	\$ 1,270.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1980	\$990	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2690	\$1345	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,623</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>_____</u>				
 <u>Mark J. Nuell</u> Signature				
<u>November 17, 2011</u> Date				
<u>Mark J. Nuell, Ph.D.</u> Typed or printed name				
<u>(858) 792-8855</u> Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/> Total of <u>1</u> forms are submitted.				